



**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310**



EMERGENCY MEDICAL SERVICES CERTIFICATION EXAM APPLICATION

Instructions:

1. This form is to be used by all persons applying to take a First Responder-ECA or Emergency Medical Technician certification exam at all levels.
2. Read the information for certification examination candidates on page 5.

3. **PLEASE PRINT** all requested information on the upper half of page three.

- Vermont EMS Number and Expiration Date, if applicable
- Social Security Number (optional)
- Name, Address and Telephone Numbers (Home, Work and Cell)
- Email Addresses
- Service Affiliations 1 through 4 – list your primary service affiliation on line one, and any secondary affiliations on lines 2, 3 and 4.

NOTE: You must have a service affiliation or show evidence of involvement in emergency medical treatment to be eligible to take the certification exam. An applicant for an advanced exam must be affiliated with a service licensed at that advanced level by the EMS Office prior to completing this application.

- Check the level of certification exam for which you are applying.
 - Check whether this is your initial certification, recertification or if you are taking the exam for course completion recognition only (First Responder-ECA level only)
 - Date of birth – You must be at least 15 year old to take the First Responder-ECA exam and 17 years of age to sit for the state EMT exam.
4. Page six is the signature page. Your primary service head must sign the top section of the form. You must answer the three questions and sign the middle section. If you are completing a course for initial certification, your instructor must fill out and sign the bottom section.
 5. Page two is the Statement of Compliance for Certification. Every applicant for a license or certification in the state of Vermont must sign a statement that the applicant is not under an obligation to pay child support, delinquent taxes and unemployment compensation contributions, or is in good standing with respect to or in full compliance with a plan to pay any and all child support, delinquent taxes and unemployment compensation contributions as of the date this application is signed. This compliance statement must be completed and signed in order for this application to be processed.

THIS FORM MUST BE RECEIVED BY THE EMS OFFICE NO LATER THAN TWO (2) WEEKS PRIOR TO THE EXAM DATE LISTED BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY AFFECT ADMISSION TO THE REQUESTED EXAM.

Please fill in the location of the exam you are requesting

Exam Location

Exam Date

STATEMENT OF COMPLIANCE FOR CERTIFICATION

1. Child Support (15 V.S.A. Section 795)

A license may not be issued or renewed unless the applicant certifies that he or she is not under an obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. A "license" is any license, certification, or registration issued by any agency to conduct a trade or business, including a license to practice a profession or occupation. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or the applicant is in compliance with a repayment plan approved by the office of child support or agreed to by the parties. The licensing agency may also find that requiring immediate payment of child support due and payable would impose an unreasonable hardship.

2. Tax Liability (32 V.S.A. Section 3113)

No state agency may renew any license or other authority to conduct a trade or business unless the applicant first verifies in writing that he or she is in good standing with respect to or in full compliance with a plan to pay any and all taxes due as of the date such statement is made. "Good standing" means that no taxes are due and payable; or the liability for any taxes due and payable is on appeal; or the person is in compliance with a payment plan approved by the Commissioner of Taxes. The licensing agency may condition license renewal on terms which would place the applicant in good standing with respect to any and all taxes as soon as possible, if the agency finds an unreasonable hardship.

3. Unemployment Compensation Contributions (21 V.S.A. § 1378)

No agency of the state shall grant, issue or renewal any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in "good standing" with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

CERTIFICATE OF COMPLIANCE

I have read the above material concerning child support, tax liability and unemployment compensation contributions. I hereby certify that I am not under an obligation to pay child support or I am in good standing, as described above, regarding child support. I hereby further certify that I am in good standing, as described above, with respect to, or in full compliance with a plan to pay, any and all taxes and unemployment compensation contributions due as of the date of this statement. This certification is made under the pains and penalties of perjury.

PRINT NAME: _____

FEDERAL TAXPAYER ID

OR SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

OCCUPATION: _____

APPLICANT INFORMATION**PLEASE PRINT****PLEASE PRINT**

Vermont EMT #	Basic EMT Exp. Date	Social Security Number
Last Name	First Name	Middle Name
Address	Town/City	State ZIP
() - Home Phone	() - Work Phone	Sex Date of Birth
() - Cell Phone	Email Address	
1) Primary Service Affiliation		2) Secondary Service Affiliation
3) Secondary Service Affiliation		4) Secondary Service Affiliation

EXAM(S): ☐ FIRST RESPONDER-ECA ☐ FRECA TO EMT MODULE # _____

☐ EMT-BASIC ☐ EMT-INTERMEDIATE 90

☐ EMT-INTERMEDIATE 03

STATUS: ☐ INITIAL CERTIFICATION ☐ RECERTIFICATION ☐ COURSE COMPLETION ONLY (FR)

***** DO NOT WRITE BELOW THIS LINE ***** EMS OFFICE USE ONLY *****

Written Exam	Exam Attempt #1	Date	Exam Attempt #2	Date	Exam Attempt #3	Date	CE	UL	HL
FRECA									
EMT-B									
EMT-I 90									
EMT-I 03									
Practical Exam									
Sta 1	P F		P F		P F		FR & B: Trauma Assessment		
Sta 2	P F		P F		P F		FR: CPR B: Medical Assessment		
Sta 3	P F		P F		P F		FR: Upper Airway B: Cardiac Arrest		
Sta 4	P F		P F		P F		FR: Bleeding Control B: Spinal (BB/KED)		
Random	P F		P F		P F		LB, Joint, Trac, Bleed, Airway, CPR, Meds		
Sta 6	P F		P F		P F		Pt Assess & Adv Mgmt		
Sta 7	P F		P F		P F		Inter Airway Mgmt		
Sta 8	P F		P F		P F		IV Ther & Med Admin		

COMMENTS :

CERTIFICATION EXAMINATION NOTIFICATION

FILL IN BELOW THE LOCATION WHERE YOU WISH TO TAKE THE EXAM:

Exam Location

Exam Date

Type of exam you are requesting:

☐ FRECA ☐ FR to EMT Module # _____

☐ EMT-Basic ☐ EMT-Intermediate 90 ☐ EMT-Intermediate 03

☐ Initial Certification ☐ Recertification ☐ Course Completion Only

FILL IN NAME & ADDRESS BELOW:

- ☐ Your application has been approved. Bring this notice to the exam site and present it to the state exam proctor.
- ☐ Please bring your continuing education credits form to the exam.
- ☐ Your continuing education credits have been received by the EMS Office. Thank you!

EMS Staff: _____

INFORMATION FOR CANDIDATES ON BASIC AND ADVANCED EMT EXAMINATIONS

The purpose of certification exams is to determine whether candidates have the knowledge and skills which are expected at particular levels of training. It is important that you understand certain things in order to get a fair exam.

1. The local Exam Coordinator has set up the location of the exam, scheduled the date and time and selected the practical examiners.
2. A representative of the Health Department is present to ensure that the exam is conducted properly. **If you feel you have been treated unfairly, it is essential that you speak with the state representative before you leave the testing session.**
3. If you are taking an exam for initial certification, you must have a certification card in hand before you are considered certified. Because of this, the EMS Office makes a special effort to get cards to initial certs as soon as possible.
4. In order to be certified as an EMS provider, you must show appropriate involvement in emergency care (e.g., be affiliated with a licensed ambulance or first responder service).
5. In order to be certified at an advanced level, you must be affiliated with a service licensed at or above that level and be currently certified as a Vermont EMT-Basic.
6. If you do not feel up to taking an exam because of physical illness or some other reason, it is in your best interest to take the exam at another place and time.

Exam results will be mailed to you within four weeks. Certification cards will follow later. If you need to retest, contact the EMS Office or your exam coordinator to find an exam location.

Practical examinations are simulations that cannot be as realistic as field situations, but you should take them seriously in order to do well. The stations have time limits, but you do not need to finish everything at a station to pass.

Retesting: Most people pass the exam on the initial try, but if you fail you are entitled to re-take any (or all) practical stations and/or the written exam at another testing session. You should make sure to find out where your difficulties were before you retest. You have twelve months to complete the exam. If some extenuating circumstances prevent you from doing so, write the EMS Office with a description of the difficulties and ask for an extension.

Summary: You have the right to a fair exam. In turn, you have the responsibility to take the exam seriously and to notify the state representative immediately of any problems. If you fail any part of the exam, you have the right to retest twice. You have the responsibility to find out what the problem was before you test again.

If you need any special accommodations in order to take the state written and/or practical certification exam, notify the EMS Office in writing with this application.

Notification: You will be notified in writing of admittance or non-admittance to the exam. If you have not been admitted to the requested exam, you will be provided with a list of alternate exam sites from which to choose. **Remember to write your name and address on page four, the notification page.**

SIGNATURE PAGE

HEAD OF SERVICE: In signing this application for Vermont Emergency Medical Technician certification I attest that the applicant is affiliated with the service listed below:

Name of Vermont Licensed Service

Head of Service (Please print)

Service #

Head of Service Signature

Date

(This signature must be the same as that appearing on the service's license application)

CANDIDATE: Please answer the following questions

(CIRCLE ONE)

YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {Ref. EMS Rules Section 11.1602}
If yes, please explain: _____

(CIRCLE ONE)

YES NO Have you ever been convicted of a crime or crimes (misdemeanor or felony)?
{Ref. EMS Rules 11.14}
If yes, have you previously disclosed your crime conviction or convictions to the EMS Office? YES NO If yes, date disclosed _____
If no, please explain: _____

* NOTE: Crime convictions do not automatically disqualify an applicant for certification eligibility. **

(CIRCLE ONE)

YES NO Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere?
If yes, please explain: _____

I attest the information contained in this (re)certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding (re)certification and (re)certification examinations contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's signature

Date

COURSE INSTRUCTOR/COORDINATOR- For Initial Certification Only

In signing this application for Vermont Emergency Medical Technician certification, I attest that the applicant has successfully completed a course of education as defined in the EMS Rules Section #7, and the applicant meets the eligibility requirements to take the certification examination.

Coordinator's Name (Please Print)

Course Number

Coordinator's Signature

Date